Approved for use through 7/31/2008. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1895, no persons are required to respond to a collection of information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number 09 Substitute for Form PTO-875 0246 CLAIMS AS FILED - PART I OTHER THAN (Column 1) SMALL ENTITY OR (Column 2) SMALL ENTITY FOR NUMBER FILED NUMBER EXTRA RATE RATE FEE BASIC FEE (37 CFR 1.16(a)) OR TOTAL CLAIMS (37 CFR 1.16(c)) minus 20 = X S ·OR 2 X INDEPENDENT CLAIMS (37 CFR 1.16(b)) minus 3 OR ħ MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(d)) • OR * If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL OR TOTAL CLAIMS AS AMENDED - PART II OTHER THAN (Column 1) (Column 2) OR (Column 3) SMALL ENTITY SMALL ENTITY CLAIMS HIGHES' REMAINING PRESENT NUMBER RATE ADDI RATE ENT AFTER PREVIOUSLY ADDL EXTRA TIONAL TIONAL AMENDMENT PAID FOR FEE FEE Total (37 CFR 1.16(o)) Minus ENDM 2 X ₩. OR 100,08 Independent (37 CFR 1.16(b)) Minus 3 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) = OR TOTAL TOTAL ADD'L FEE OR 100,00 ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST $\mathbf{\omega}$ REMAINING PRESENT NUMBER RATE ADDI RATE ADJIL TIO, VAL ENT AFTER REVIOUSLY **EXTRA** TIONAL MENDMENT PAID FOR FEE FEE Total (37 CFR 1.16(c)) ENDMI Minus 1 OR Independent (37 CFR 1.16(b)) Minus OR X \$ Ξ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR + 1 TOTAL TOTAL ADD'L FEF OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING PRESENT NUMBER RATE ADDI-RATE ADDL **AFTER PREVIOUSLY EXTRA** TIONAL TIONAL MENDMENT PAID FOR FFF Tota! (37 CFR 1.16(e)) ENDM Minus OR Minus Independent (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL

 If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

 If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

 The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

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 This collection of Information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering preparing and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

ADD'L FEE

TOTAL

OR

plication or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001

Ellective October 1, 2001								1002 10				
	. (CLAIMS AS	FILED - F		(Column 2)			SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS								RATE	FEE		RATE	FEE
FOR .			NUMBER FILED		NUMBER EXTRA		Ī	BASIC FEE		OR	BASIC FEE	189D
TOTAL CHARGEABLE CLAIMS			minus 20=		. 4		Ī	X\$ 9=		OR	X\$18=	42
INDEPENDENT CLAIMS			minus 3 =		•		ŀ	X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM P							ł	+140=		OR	+280=	\$10 h
- M	the difference i	n column 1 is	less than zero, enter "0" in column 2			L	TOTAL		OR	TOTAL	8721	
* If the difference in column 1 is less than zero, enter "0" in column 2 CLAIMS AS AMENDED - PART II							IOIAL		JOH	OTHER		
	CL	(Column 1)	(Column 2) (Column 3)					SMALL E		OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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AMENDMENT B		(Column 1) CLAIMS REMAINING AFTER		HIG NU PREV	HEST MBER NOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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AMENDMENT C		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIC NL PRE	lumn 2) GHEST JMBER VIOUSLY ID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** ADDIT FEE										OR	TOTA	
* If the entry in column 1 is less than the entry in column 2. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												